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CONFIRMATION NO. 1545

| SERIAL NUMBER   | FILING OR 371(c)<br>DATE  | CLASS                        | GROUP ART UNIT  | ATTORNEY<br>DOCKET NO. |                            |
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| <b>APPLICANTS</b><br>Tadanori Nakatsuka, Kanagawa-ken, JAPAN;   |   |                              |   |                        |                            |
| <b>** CONTINUING DATA *****</b><br>JW   |   |                              |   |                        |                            |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2003-015231 01/23/2003 JW<br>JAPAN 2004-000507 01/05/2004 JW  |   |                              |   |                        |                            |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 04/26/2004 JW</b>   |   |                              |   |                        |                            |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <i>[Signature]</i> JW<br>Examiner's Signature Initials |   | STATE OR<br>COUNTRY<br>JAPAN | SHEETS<br>DRAWING<br>12   | TOTAL<br>CLAIMS<br>10  | INDEPENDENT<br>CLAIMS<br>3 |
| <b>ADDRESS</b><br>5514  |   |                              |   |                        |                            |
| <b>TITLE</b><br>Document display method and apparatus   |   |                              |   |                        |                            |
| <b>FILING FEE<br/>RECEIVED</b><br>770   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                              | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                        |                            |